

<b>PATENT APPLICATION FEE DETERMINATION RECORD</b>	Application or Docket Number <b>P6-US</b>
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CLAIMS AS FILED - PART I				SMALL ENTITY		OR		OTHER THAN SMALL ENTITY	
FOR	(Column 1) NUMBER FILED	(Column 2) NUMBER EXTRA		RATE	FEE			RATE	FEE
BASIC FEE (37 CFR 1.16(a))					\$ _____	OR			\$ 690
TOTAL CLAIMS (37 CFR 1.16(c))	74	minus 20 =	* 54	x \$ _____ =		OR	x \$ 18 =	\$972	
INDEPENDENT CLAIMS (37 CFR 1.16(b))	8	minus 3 =	* 5	x _____ =		OR	x 78 =	\$390	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))				+	_____ =	OR	+	_____ =	
				TOTAL		OR	TOTAL	\$2,052	

\* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II					SMALL ENTITY		OR		OTHER THAN SMALL ENTITY	
AMENDMENT A	(Column 1)	(Column 2)	(Column 3)	(Column 4)	RATE	ADDI- TIONAL FEE			RATE	ADDI- TIONAL FEE
		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA					
	Total (37 CFR 1.16(c))	*	Minus	**	=	x \$ _____ =		OR	x \$ _____ =	
	Independent (37 CFR 1.16(b))	*	Minus	***	=	x _____ =		OR	x _____ =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+	_____ =	OR	+	_____ =
					TOTAL		OR	TOTAL		

CLAIMS AS AMENDED - PART II					SMALL ENTITY		OR		OTHER THAN SMALL ENTITY	
AMENDMENT B	(Column 1)	(Column 2)	(Column 3)	(Column 4)	RATE	ADDI- TIONAL FEE			RATE	ADDI- TIONAL FEE
		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA					
	Total (37 CFR 1.16(c))	*	Minus	**	=	x \$ _____ =		OR	x \$ _____ =	
	Independent (37 CFR 1.16(b))	*	Minus	***	=	x _____ =		OR	x _____ =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+	_____ =	OR	+	_____ =
					TOTAL		OR	TOTAL		

CLAIMS AS AMENDED - PART II					SMALL ENTITY		OR		OTHER THAN SMALL ENTITY	
AMENDMENT C	(Column 1)	(Column 2)	(Column 3)	(Column 4)	RATE	ADDI- TIONAL FEE			RATE	ADDI- TIONAL FEE
		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA					
	Total (37 CFR 1.16(c))	*	Minus	**	=	x \$ _____ =		OR	x \$ _____ =	
	Independent (37 CFR 1.16(b))	*	Minus	***	=	x _____ =		OR	x _____ =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+	_____ =	OR	+	_____ =
					TOTAL		OR	TOTAL		

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  
 \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  
 \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case.  
 Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

Application or Docket Number

09/649,569

## CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	74 minus 20 =	54
INDEPENDENT CLAIMS	8 minus 3 =	5
MULTIPLE DEPENDENT CLAIM PRESENT		

\* If the difference in column 1 is less than zero, enter "0" in column 2.

## CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**
Independent	*	Minus	***
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**
Independent	*	Minus	***
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**
Independent	*	Minus	***
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  
 \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  
 \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐ OR

OTHER THAN SMALL ENTITY

RATE	FEE
	345.00
X\$ 9=	
X39=	
+130=	
TOTAL	

OR

OR

OR

OR

OR

RATE	FEE
	690.00
X\$18=	972
X78=	390
+260=	
TOTAL	2052

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
X\$ 9=	
X39=	
+130=	
TOTAL	

OR

OR

OR

OR

RATE	ADDITIONAL FEE
X\$18=	
X78=	
+260=	
TOTAL	

RATE	ADDITIONAL FEE
X\$ 9=	
X39=	
+130=	
TOTAL	

OR

OR

OR

OR

RATE	ADDITIONAL FEE
X\$18=	
X78=	
+260=	
TOTAL	

RATE	ADDITIONAL FEE
X\$ 9=	
X39=	
+130=	
TOTAL	

OR

OR

OR

OR

RATE	ADDITIONAL FEE
X\$18=	
X78=	
+260=	
TOTAL	